

Seventh Annual Health and Wellness Fair

Registration Form

Friday, May 3, 2024, 9:00 am - 12:00 pm

Name of Company:	
Full Address:	
Name of Contact and Email:	
Phone Number:	
Day of Event Contact Name:	E-Mail:
	nd include a description of giveaways or incentives that you ormation may be used in our marketing materials for the
☐ Yes, I will have a gift for a drawing	
NOTE: Vendor displays item at entries. Winners will be announ	their table, brings own entry forms and collects completed aced at the end of the fair.
☐ I will need an electrical outlet	
☐ I will provide my own table (\$10 disco	ount)
Send completed form and check payab	le to: Colonial Club Senior Activity Center 301 Blankenheim Lane Sun Prairie, WI 53590
Contact Person/Phone Number:	Terra OBrien, 608-837-4611 ext 120
Booth Set-up:	8:00 to 9:00 am, please no earlier than 8:00 am
Health Fair Hours:	9:00 am – 12:00 pm
Estimated Number of Attendees:	150-200
*Participation fee:	\$75 - includes table and two chairs \$65 - Provide own table

Your payment receipt is considered your acceptance to the event. For late registrants, we will notify you only if space is NOT available. All registered vendors will be notified approximately one week prior to the event with further setup and parking instructions.

Thank you for supporting the Colonial Club and seniors in NE Dane County!

^{*}Table, chairs and fee is included for companies providing a Sponsorship